

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Sharon Ashley	COURT CASE NUMBER 1:19-cv-00647/AJ 2/3/2020
DEFENDANT Biscayne Entertainment Inc, et al.	TYPE OF PROCESS Service of summons and complaint

SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
	Michael D'Ambra
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
	33 Whittier Ave., Providence, RI 02909

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Shannah Kurland, Esq.
149 Lenox Ave.
Providence, RI 02907

Number of process to be served with this Form 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Research shows two other possible residential addresses: 33 Rose St., Cranston, and 33 Rose St., N. Providence.
Workplace: Wild Zebra Gentleman's Club, Allens Ave., Providence

Cell phone: 401-965-8762

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 401-439-0518	DATE 1/14/20
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No.	No.		1/23/2020

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date
2/14/2020

Time ☐ am ☐ pm

Signature of U.S. Marshal or Deputy

Service Fee 195.00	Total Mileage Charges including endeavors 18 total miles	Forwarding Fee 10.35	Total Charges 205.35	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS: 1 DUSM, 1 hour of service, 6 total miles, 1/24/2020
1 DUSM, 1 hr. of service, 6 total miles, 1/30/2020
1 DUSM, 1 hr. of service, 6 total miles, 2/14/2020

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 1:19-cv-00647-WES-LDA

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) Michael D'Ambrea
was received by me on (date) 1/23/2020.

☐ I personally served the summons on the individual at (place) _____
on (date) _____; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
_____, a person of suitable age and discretion who resides there,
on (date) _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____, who is
designated by law to accept service of process on behalf of (name of organization) _____
on (date) _____; or

☒ I returned the summons unexecuted because unable to locate at his address; or

☐ Other (specify): _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 2/14/2020


Server's signature

Brenton Moore DUSM
Printed name and title

2 Exchange St. Providence, RI
Server's address

Additional information regarding attempted service, etc:

Print

Save As...

Reset